

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152024	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/25/2013
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NAME OF PROVIDER OR SUPPLIER REGENCY HOSPITAL OF NORTHWEST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4321 FIR ST 4TH FL EAST CHICAGO, IN 46312
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S000000	<p>This visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN00111826</p> <p>Substantiated: no deficiencies related to the allegations are cited. Deficiency unrelated to the allegations is cited.</p> <p>Date: 1/25/13</p> <p>Facility Number: 003767</p> <p>Surveyor: Jacqueline Brown, R.N. Public Health Nurse Surveyor</p> <p>QA: claughlin 02/28/13</p>	S000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S000712	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (c)(1)</p> <p>(c) An adequate medical record shall be maintained with documentation of service rendered for each individual who is evaluated or treated as follows:</p> <p>(1) Medical records are documented accurately and in a timely manner, are readily accessible, and permit prompt retrieval of information.</p> <p>Based on policy and procedure review, medical record review and personnel interview, the registered nurse failed to document per facility policy and procedure related to documentation of removal of a PICC (Peripherally Inserted Central Catheter) for 1 of 5 (N1) closed patient medical records reviewed.</p> <p>Findings:</p> <p>1. Policy titled, "Documentation Standards", revised/reapproved 4/1/11, was reviewed on 1/25/13 at approximately 3:42 PM and indicated on pg. 1, "To provide clinical personnel with requirements for documentation that will...Provide a current, complete and concise description of the patient's status with minimal duplication of information."</p> <p>2. Review of closed patient medical records on 1/25/13 at approximately</p>	S000712	<p>1) The Chief Nursing Officer is responsible for re-educating the nurses on the requirement for documenting the removal of PICC lines. Sign attestation sheet will be placed in the staff member's educational file showing that they attend the training. Any staff member that does not attend the training will not be allowed to work until the training is completed. 2) Any staff member that fails to comply with the policy will result in a disciplinary action. 3) The Director of Quality Management and Quality Coordinators will randomly monitor 10 PICC line removals per month for 3 months. Director of Quality Management is responsible for aggregating the data and reporting it to Quality Assessment and Performance Improvement, Organizational Improvement Committee, Medical Executive committee, and Governing Board.</p>	04/05/2013			

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	<p>11:36 AM, indicated patient N1:</p> <p>A. was an 85-year-old who was admitted to the facility on 6/10/12 at 13:10 PM for ventilation management.</p> <p>B. per 24 Hour Patient Record and Plan of Care and Physician's Orders dated:</p> <p>a. 6/10/12 at 2025, "Levophed infusing to one port of left upper arm PICC(Peripherally Inserted Central Catheter) at 2 ml/hour per pump with no difficulty. PICC dressing clean, dry, and intact and dated 6/9/12."</p> <p>b. 6/11/12 through 7/10/12 at 0800, a PICC was documented as being in place in the left upper extremity.</p> <p>c. 7/10/12 at 1600, "D/C (discontinue) PICC line and culture tip of it, initiate peripheral line. At 1630, a peripheral IV was initiated.</p> <p>d. 7/11/12 at 0800 and 2000, only a peripheral IV was documented as being in place, no mention of a PICC line.</p> <p>3. Personnel P4 was interviewed on 1/25/13 at approximately 1:22 PM and confirmed, the removal of the PICC sometime on 7/10/12 was not documented by the nurse, which should have been done as required by facility policy and procedure. The tip was sent for culture per physician order.</p>			

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